

INSTRUCTIONS TO CLAIMANTS

THIS FORM SHOULD BE USED WHEN THE DECEASED HAD INSURANCE IN FORCE UNDER
SERVICEMEMEBERS' GROUP LIFE INSURANCE (SGLI) OR VETERANS' GROUP LIFE INSURANCE (VGLI).

PAYMENT OF DEATH BENEFITS

Under Servicemembers' and Veterans' Group Life Insurance death benefit payments must be made in the following order:

To the beneficiary named in writing by the insured; if none, the insurance is payable

the widow or widower of the insured; if none, it is payable to

child or children in equal shares with the share of any deceased child distributed among the descendants
of that child; if none, it is payable to

parent(s) in equal shares; if none, it is payable to

a duly appointed executor or administrator of the insured's estate, and if none, to

other next of kin

COMPLETION OF CLAIM FOR DEATH BENEFITS

It is important that all requested information be furnished. Omission or incomplete answers will delay settlement of the claim. All information should be typed or printed ink, except the signature.

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| ITEM 1. | Show full name of the deceased servicemember or veteran. |
| ITEM 2 | Show Social Security number of deceased. If the deceased did not have a Social Security number, show service number. |
| ITEM 3 | Show date of death of deceased. |
| ITEMS 4,
5 AND 6 | Show branch of service, duty status on date of death (if known), and date of discharge or separation (if known) of deceased. |
| ITEMS 7, 8,
9 AND 10. | Show your full name, relationship to deceased, your date of birth and Social Security number. |

If you were married to the deceased when he/she died, but were not name as his/her beneficiary, complete Item 11A through 14C as applicable.

If you were not married to the deceased when he/she died and were not specifically name as his/her beneficiary, complete Part II through 15D. Be sure to provide the required information as to the deceased's marital status and any children. In Items 15A through 15D give the information about persons indicated in the answers to the preceding questions. In Part II use a separate signed sheet if necessary.

Complete Part III if you were not named as the insurance beneficiary, were not married to the deceased at his/her death and are not a parent of the deceased.

Part IV must be completed by all claimants.

EVIDENCE REQUIRED

If the deceased died while on active duty or while a member of a Reserve or National Guard Unit, the Office of Servicemembers' Group Life Insurance will be furnished with proof of death by the Uniformed Service. In all other situations, the claimant must submit a certified copy of the Certificate of Death.

Members performing duty on a full-time basis usually over 30 days and qualified members of the Ready Reserve are insured for 120 days following separation. Members totally disabled at separation may be insured for up to one year following separation as long as total disability continues. If the insured died while covered following separation from service, the claimant must also submit a copy of a report of separation, DD 214.

You will be informed if it becomes necessary to submit other evidence.

If you need assistance in completing this claim form, contact your nearest Department of Veterans Affairs Office.

FOR OSGLI USE ONLY	CLAIM FOR DEATH BENEFITS <i>(Servicemembers' Group Life Insurance)</i> <i>(Veterans' Group Life Insurance)</i>		RETURN COMPLETED FORM TO: OFFICE OF SERVICEMEMBERS' GROUP LIFE INSURANCE 213 Washington Street Newark, New Jersey 07102	
	NOTE: THIS FORM IS NOT TO BE USED FOR NATIONAL SERVICE LIFE INSURANCE (NSLI) Policy Numbers Prefixed by V, H, RH, RS, W, J, JR, and JS or UNITED STATES GOVERNMENT LIFE INSURANCE (USGLI) Policy Numbers Prefixed by K			
1. NAME OF DECEASED <i>(First, middle, last)</i>		2. SOCIAL SECURITY NO.		3. DATE OF DEATH
4. BRANCH OF SERVICE	5. DUTY STATUS ON DATE OF DEATH <i>(If known)</i> <div><input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> DISCHARGED OR SEPARATED <input type="checkbox"/> DRILLING RESERVIST <input type="checkbox"/> INDIVIDUAL READY RESERVIST</div>		6. IF DISCHARGED OR SEPARATED, GIVE DATE <i>(If known) (Month, day, year)</i>	
PLEASE READ THE IMPORTANT INFORMATION AND INSTRUCTIONS ON REVERSE BEFORE COMPLETING.				
PART I - INFORMATION CONCERNING CLAIMANT				
7. NAME <i>(First, middle, last)</i>		8. RELATIONSHIP TO DECEASED		9. DATE OF BIRTH <i>(Month, day, year)</i>
10. SOCIAL SECURITY NUMBER				
NOTE: Complete Items 11A through 14C if you are the widow or widower of deceased.				
11A. DATE OF MARRIAGE <i>(Mo., day, yr.)</i>		11B. PLACE OF MARRIAGE <i>(City and State)</i>		12. DID MARRIAGE CONTINUE UNTIL DATE OF DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO
13A. DID DECEASED HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes" complete 13B and 13C)</i>		13B. PREVIOUS MARRIAGE TERMINATED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		13C. DATE PREVIOUS MARRIAGE TERMINATED <i>(If divorced within last 5 years attach copy of the divorce decree)</i>
14A. DID YOU HAVE ANY PREVIOUS MARRIAGES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes" complete 14B and 14C)</i>		14B. PREVIOUS MARRIAGE TERMINATED BY: <input type="checkbox"/> DEATH <input type="checkbox"/> DIVORCE		14C. DATE PREVIOUS MARRIAGE TERMINATED <i>(If divorced within last 5 years attach copy of the divorce decree)</i>
NOTE: If you are not the named beneficiary, widow or widower of the deceased, complete Parts II and III.				
PART II - INFORMATION CONCERNING NEXT-OF-KIN OF DECEASED				
List below the name, age, relationship, and address of: <i>(Check appropriate places below)</i>				
(a) Widow or Widower, <input type="checkbox"/> None Death Give Date _____				
If none, was insured ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did marriage terminate by Divorce Give Date _____				
(b) If there is no surviving widow or widower, list all the children of the deceased. Include any adopted child or illegitimate child stating which class it is and list the descendants of any deceased child or children. If none, check here <input type="checkbox"/>				
(c) If there are no children or descendants of children, list the surviving parent or parents. Is father deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Is mother deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(d) If there are no survivors within the degrees indicated in (a) through (c), list below the next of kin who may be capable of inheriting from the deceased <i>(brothers, sisters, descendants of deceased brothers, sisters, etc).</i>				
15A. NAME	15B AGE	15C. RELATIONSHIP TO DECEASED	15D. ADDRESS	
NOTE: - Complete Items 16 and 17 ONLY if any of the persons listed above are under age 21.				
16. NAME AND ADDRESS OF GUARDIAN FOR ANY MINOR CHILDREN LISTED ABOVE IF ONE HAS BEEN APPOINTED BY THE COURT (Attach copy of appointment paper issued by court)			17. IF A GUARDIAN HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART III - INFORMATION CONCERNING THE ESTATE OF THE DECEASED				
18. NAME AND ADDRESS OF EXECUTOR OR ADMINISTRATOR, IF ANY, APPOINTED BY THE COURT TO SETTLE THE ESTATE OF THE DECEASED.			19. IF AN EXECUTOR OR ADMINISTRATOR HAS NOT BEEN APPOINTED, WILL ONE BE APPOINTED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
PART IV - CERTIFICATION BY CLAIMANT				
I HEREBY CERTIFY that all statement in this claim are true to the best of my knowledge, information, and belief, and that no evidence necessary to a settlement of this claim is suppressed or withheld. In the event the insured has not previously elected monthly installments, I request that the Death Benefit be paid in: <i>(Check one)</i> <input type="checkbox"/> One Sum <input type="checkbox"/> 36 Monthly Installments				
20. SIGNATURE OF CLAIMANT <i>(Do not print)</i>		21. ADDRESS <i>(Number and Street, City, State and ZIP Code, Apt. No.)</i>		22. DATE
WARNING - Any intentional false statement in this claim or willful misrepresentation relative thereto is subject to punishment by a fine of not more than \$10,00 or imprisonment of not more than 5 years, or both. (18 U.S.C. 1001)				